



## Coordinator's Corner

It's a busy time for PEPFAR as we all juggle planning, reporting, and implementation. In July, an internal program review indicated that we are on track with strategic guidance and available data about the epidemic. Our semi-annual report showed that despite serious challenges during the post-election crisis, PEPFAR partners were successful in continuing essential services – an amazing achievement.



Looking ahead, for COP12 we are asked to focus on developing country ownership, encouraging efficiency, and doing a better job of measuring capacity building and the impact of our technical assistance on HIV/AIDS outcomes. These are challenges for PEPFAR teams around the world, but particularly for Côte d'Ivoire, where the new government is still developing its vision and structure for HIV/AIDS.

With partners providing expert assistance, we need to be creative in improving HIV prevention, care, and treatment and in cultivating a culture of accountability in which we are all held responsible for using resources wisely and achieving results. PEPFAR must continue to seek ways to engage national leaders in sharing in decision-making and ensuring transparency in all that we do.

This is a time of transition and of great hope, with new donors and opportunities for strengthening health systems, management, and coordination. PEPFAR is grateful to our partners, old and new, and looks forward to contributing to the achievement of national goals – including Initiative Zero eliminating mother-to-child HIV transmission.

**Jennifer Walsh**  
PEPFAR Country Coordinator

## ART in transition

### 2 new NGOs, 5 awards mark move toward country ownership

The transition of the PEPFAR Côte d'Ivoire antiretroviral treatment (ART) program from international to Ivorian entities is moving ahead with the birth of two local organizations and the signing of five new awards to carry the program through its next five-year phase.

Three Ivorian organizations – continuing prime partner ACONDA-VS and two Ivorian offspring of international partners – have won competitive new awards with CDC/PEPFAR and will support a full range of clinic-based prevention, care, and treatment HIV/AIDS services covering most of Côte d'Ivoire through 2016.



Dr. Viho,  
Columbia

They will be supported by technical assistance under new awards with the **Elizabeth Glaser Pediatric AIDS Foundation** (EGPAF, headed by Dr. Joseph Essombo) and **Columbia University** (ICAP, headed by Dr. Ida Viho), whose ART Track 1.0 awards ending in February 2012 helped build the national ART program to its current level. A sixth new agreement, still to be awarded, will support technical assistance to the Ministry of Health and AIDS for the transition.

The Ivorian partners are:

**ACONDA-VS:** Headed by Dr. Toure Siaka, this NGO moved from EGPAF subpartner to prime partner status in 2006. Under its new award, ACONDA will continue to support HIV/AIDS services in western Côte d'Ivoire and Abidjan.



Dr. Toure,  
ACONDA

**Ariel Foundation:** Headed by Dr. Anthony Richard Tanoh, this EGPAF offspring will work mainly in eastern and south-western CI. Its geographic coverage will gradually expand to cover the entire intervention zone of EGPAF's HEART Track 1.0 ART program, while EGPAF



Dr. Tanoh,  
Ariel

will focus more on technical assistance to Ariel and other local NGOs as needed.

**SEV-CI (Santé Espoir et Vie-Côte d'Ivoire):** Headed by Dr. Bernard



Dr. Adou,  
SEV-CI

Adou, this Columbia offspring will mainly work in the Fromager, Haut-Sassandra, and Marahoue regions and will expand to two more regions as Columbia increasingly focuses on technical assistance to SEV-CI and other local NGOs.

Health Alliance International, whose CDC/PEPFAR award continues through September 2014, will continue supporting clinic-based HIV/AIDS services in the Central, North-Central, and North-East part of the country.

The transition to Ivorian entities is a mandate in line with PEPFAR's Phase 2 focus on country ownership. Under Ministry of Health and AIDS leadership, partners have been working for two years to prepare a transition that will not interrupt or reduce the quality of service delivery while increasing the number of ART patients from 61,000 in September 2010 to 79,000 in September 2012.

"This transition is important because it reflects a shift to ownership of the program by the Ivorian government and civil society," says EGPAF's Dr. Essombo. "The role of the international partners is changing to technical assistance in accordance with needs expressed by the national authorities."



Dr. Essombo,  
EGPAF

Essombo acknowledges risks inherent in such a transition, especially given funding limitations, but he says, "We should have confidence in the national authorities and accompany them. They will need to make very clear commitments against which our progress will be measured in the short, medium, and long term. ... Accountability is a critical part of country ownership."

## New incinerators reduce biomedical infection risks in Côte d'Ivoire

Côte d'Ivoire's efforts to manage hazardous medical waste have gotten a boost with a CDC/PEPFAR donation of six larger-capacity, mixed-waste incinerators that will provide safe waste disposal for 60 health-care facilities in six districts around the country.

Three of the six have been installed at Ministry of Health and AIDS facilities in Daoukro, Toumodi, and Yamoussoukro. The other three – at Aboisso, Sassandra, and Séguéla – should be functional by the end of the year, completing a \$500,000 PEPFAR investment. Four more incinerators are on order for next year.

A 2009 Ministry of Health study showed that Ivorian medical facilities produce more than

3,300 tons of infectious waste each year, but until now, management of this waste has been haphazard, exposing medical providers, patients, and surrounding communities to significant risk of HIV and other infections.

Few of the country's 1,589 health-care centers and 86 referral hospitals have functioning modern incinerators needed for safe waste disposal. Eight facilities – six of them in Abidjan – had pyrolytic combustion incinerators, but none had an incinerator capable of handling both syringes and other types of infectious waste. The six new incinerators can burn multiple types of infectious waste at a rate of 30-40 kg per hour.

"The management of medical waste has always

been a public health problem and has become even more acute with the HIV epidemic," with a rapid increase in testing, biological monitoring, and resultant medical waste, said PEPFAR prevention coordinator Dr. Konan Ehoussou.

"PEPFAR's contribution is designed to reduce

Please see 'Incinerators' on Page 2



Staff at Toumodi General Hospital celebrate their new incinerator (inset upper right).

## New Partner



**Who:** **Heartland Alliance**, a 125-year-old U.S.-based NGO that works in several countries (Ghana, Burundi, Rwanda, Iraq, Haiti, Nigeria, Congo, Dominican Republic) in the fields of HIV/AIDS, child protection, maternal health, protection of immigrants and vulnerable populations, etc.

**Project Director:** Venance Koffi Kouakou

**What:** In Côte d'Ivoire, CDC/PEPFAR grantee Heartland Alliance is launching a five-year project titled IMPACT-CI (Improving Prevention and Access to Care and Treatment Côte d'Ivoire) that aims to improve access to and increase demand for HIV prevention services, screening for sexually transmitted infections, and care and treatment for illnesses affecting highly vulnerable populations, in particular men who have sex with men (MSM), commercial sex workers, and their partners.

**When:** Started in October 2010

**Where:** 12 sites in Abidjan (Marcory, Abobo, Yopougon), San Pedro, Guiglo, Man, Daloa, Yamoussoukro, Abengourou, Bondoukou, Gagnoa, and Bouaké

**With Whom:** Local subpartners Alternative CI; Arc en Ciel Plus; Association de Soutien à l'Autopromotion Sanitaire Urbaine (ASAPSU); Association pour la Promotion de la Santé de la Femme, de la Mère, de l'Enfant et de la Famille (APROSAM); Blety; Côte d'Ivoire Prospérité (CIP); Espace Confiance; Groupe Biblique des Hôpitaux (GBH); Renaissance Santé Bouaké (RSB); Service d'Assistance Pharmaceutique et Médicale (SAPHARM)

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## Practical social work training improves HIV patient care

For people diagnosed with HIV, a skilled social-work assistant can be a lifeline, a helping hand to guide them through the bewilderment of medical treatment and the fear of rejection.

That was the conclusion of both personal testimony and evaluation data cited during a recent review of a three-year pilot project by CDC/PEPFAR partner Elizabeth Glaser Pediatric AIDS Foundation to fund post-graduate practicums in HIV counseling, care, and support for 151 social-work assistants.

Managed by the national social worker training institute (INFS), the project demonstrated that involving social-work assistants in care and support activities in health-care facilities is both feasible and useful.

An internal evaluation showed that their work helped reduce loss to follow-up and improve



*Social-work assistants displayed the process and results of their practicums during a recent review.*

psychosocial support for children and adults living with HIV/AIDS.

The review workshop celebrated the project's accomplishments, with testimony from social work assistants and community members, as well as the presentation of NetBooks to the 10 top-performing trainees. About 40 of the assistants who completed the six-month practicum have been hired to continue their work, while planning with the government to strengthen the social-welfare workforce continues.

Workshop participants – including the ministries of Civil Service, Technical Training, Health and AIDS, and Economy and Finance – also confronted the program's significant cost (about \$3,000 per social-work assistant trained) and began the search for additional resources and strategies for sustainability.

## Partnership revives free info line

Answers to all your questions about HIV/AIDS will be at your fingertips – and free – with the renewal of an info line (number 106) managed by local NGO Ruban Rouge.

In a partnership with the MTN Foundation, the U.S. State Department has awarded a PEPFAR-funded grant to Ruban Rouge to restart the long-defunct hotline. Ruban Rouge, an NGO of people living with HIV/AIDS, will manage and staff the hotline. The Johns Hopkins University Center for Communication Programs will



*Working hand in hand, from left, Ruban Rouge Exec Director Rolande Koffi, the U.S. State Department's Melanie Carter, and JHU/CCP's Dr. Regina Serie-Traore are restarting a national HIV info line in a partnership with the MTN Foundation.*

provide technical assistance for materials, training, and monitoring.

The line, free for callers using any cell-phone network in CI, is expected to be up and running late this year. It will be sustained beyond the PEPFAR grant through Ruban Rouge income-generating activities with private-sector support.

## Incinerators

*Continued from Page 1*

infection risks and improve medical safety. ... We are looking to the Ivorian government to ensure the effective application of national and international norms regarding safe waste disposal, encourage local initiatives to help hospitals manage their waste, and pursue other efficacious technologies with other donors."

The six districts chosen to receive the new incinerators participated in PEPFAR-supported safe injection / safe medical waste programs in the past, and the MOH's Division of Public Hygiene has trained health staff there in separating infectious from non-infectious waste to reduce unnecessary wear on the incinerators.

In response to advocacy by the ministry, local government offi-

cials agreed to support the disposal of non-infectious waste from health facilities and the transport of infectious waste to the incinerators.

Despite these advances, infectious-waste disposal remains a challenge in Côte d'Ivoire, as the PEPFAR donation and four smaller incinerators funded by the World Bank cover only about one-tenth of the country's 102 health districts.

## Contribute to PEPtalk!



Do you have a news item, a story idea, a good photo? An insightful commentary? Share it with us and the world. Please send it to your focal point or [howardb@ci.cdc.gov](mailto:howardb@ci.cdc.gov).

### Contributors to PEPtalk No. 16:

PEPFAR implementing partners, Ernest Koffi, Joan-Luis Njampo, Dr. Aka Micheline, Dr. Coulibaly-Traore Djénéba, Brian Howard

## Comings & Goings



**Caroline Afari**, new CDC budget analyst



**Herve Deza**, new USAID budget analyst



**Dr. Anna Likos**, ex-CDC country director, went to Morocco



**James Ham**, ex-CDC deputy director, went to Zambia



**Bijou Muhura**, ex-supply chain adviser, went to Washington